

## **Application Data Sheet**

### **APPLICATION INFORMATION**

Application Number::

Filing Date:: 10/30/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:: Paper

Computer Readable From (CRF)?:: Yes

Number of Copies of CRF::

Title:: COMPOSITIONS AND METHODS FOR INHIBITING  
TRANSLATION OF A CHIMERIC GENE

Attorney Docket Number:: 221749

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency:: National Institutes of Health

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Frederic  
Middle Name:: J.  
Family Name:: KAYE  
Name Suffix::  
City of Residence:: Potomac  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 6 Purcell Ct.  
City of mailing address:: Potomac  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Takefumi  
Middle Name::  
Family Name:: KOMIYA  
Name Suffix::  
City of Residence:: Osaka  
State or Prov. of Residence::  
Country of Residence:: Japan  
Street of mailing address:: 2-15-4 Ohnodai, Osakasayama  
City of mailing address:: Osaka  
State or Province of mailing address::  
Country of mailing address:: Japan  
Postal or Zip Code of mailing address:: 589-0023

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number 1:: 05318  
Representative Customer Number 2:: 23460  
Representative Designation:: Registration Number:: Representative Name::  
Primary 35,243 Carol Larcher

## **DOMESTIC PRIORITY INFORMATION**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## **FOREIGN APPLICATION INFORMATION**

Country::                      Application Number::    Filing Date::                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::                      Government of the United States of America, represented by  
the Secretary, Department of Health and Human Services

Street of mailing address:: Office of Technology Transfer  
6011 Executive Boulevard, Suite 325

City of mailing address::    Rockville

State or Province of  
mailing address::                      MD

Country of mailing  
address::                                      US

Postal or Zip Code of  
mailing address::                      20852